

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11-30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9148</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Terrence</u> <u>J</u> <u>Donahue</u> P O Box, Bldg Room No If any Street <u>233 Addison Rd</u> City <u>Windsor</u> State <u>Connecticut</u> ZIP Code + 4 <u>06095</u>	4 Name file number and address of labor organization Name <u>National Postal Mail Handlers Union</u> Labor Organization File Number <u>000-505</u> P O Box, Building and Room Number if any Street <u>233 Addison Rd</u> City <u>Windsor</u> State <u>Connecticut</u> ZIP Code + 4 <u>06095</u>
5 Position in labor organization <u>Northeast Regional Representative</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6-Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No If any Street City State ZIP Code + 4	7 a. Nature of Interest, Transaction or Income 7 b. Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)

Signed

On

8/12/05  
Date

860 688-9105

Telephone Number

Name of Person Filing Terrence Donahue

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name First Health

Trade Name if any

P O Box Bldg Room No if any

Street 3200 Highland Avenue

City Downers Grove

State Illinois

ZIP Code + 4 60515

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

## 11 a Nature of such dealing

First Health administers and underwrites the Union Health Plan

## 11 b Approximate dollar value of such dealing

## 12 a Nature of interest held or income received

Attended 1 dinner and 3 group buffet dinners March 20-24 2004 Self and spouse Amounts not known  
Approximate value is \$280

## 12.b. Amount

\$280

C Received from any employer (other than an employer covered under parts A and B above)  
or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant  
(including trade name if any).

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

## 14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

## 14 b Amount of payment

## Part B Continuation Page

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Name

Trade Name if any

P O Box Bldg Room No if any

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City

State

ZIP Code + 4

## 11 a Nature of such dealing

First Health administers and underwrites the Union health plan

## 11 b Approximate dollar value of such dealing

## 12 a Nature of interest held or income received.

August 19-29 2004 Duffle bag (Self) 5 group  
buffet dinners (Self and Spouse) 1-2 dinners  
(Self & Spouse) (not sure about number of dinners)  
1 dinner (Spouse) approximate value \$490-\$590

## 12.b. Amount.

\$540

Name of Person Filing Terrence Donahue

File Number U

## Part B Continuation Page

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Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

## 11 a Nature of such dealing

First Health administers and underwrites the Union Health Plan

## 11 b Approximate dollar value of such dealing

## 12 a Nature of interest held or income received

December 9-11 2004 (Self & Spouse) Attended 3 group buffet dinners and 1 dinner Approximate value \$280

## 12 b Amount

\$280